

economic summit in which we try to put together an economic policy that moves the country forward. Ignoring the problems is not in our best interest. It is not going to solve the country's problems.

We face some significant challenges in national security dealing with the war on terrorism, dealing with Iraq, and a range of other issues. I respect that. But that ought not allow us to take a pass on the economy. It ought not allow the President to not want to talk about the economy. We have very serious problems with the economy, and it is long past time that we get about the business of working together to solve them.

I yield the floor.

The PRESIDING OFFICER. Under the previous order, the Senator from Missouri was to be recognized.

Mr. REID. It is my understanding morning business time has run out; is that correct?

The PRESIDING OFFICER. The Senator is correct.

EXTENSION OF MORNING BUSINESS

Mr. REID. Madam President, I ask unanimous consent that morning business be extended until the hour of 5:15 p.m.

The PRESIDING OFFICER. The Senator from New Mexico is recognized.

MOTHERS AND NEWBORNS HEALTH INSURANCE ACT

Mr. BINGAMAN. Madam President, I rise with the purpose of making a unanimous consent request, which I will make at the end of my remarks, the remarks of my colleague from Missouri, and the remarks of my colleague from Arkansas. The unanimous consent request will be to take up and pass S. 1724, the Mothers and Newborns Health Insurance Act of 2001. This bill was reported by the Senate Finance Committee. This legislation, introduced by Senator BOND and Senator BREAUX, would give States the option of covering pregnant women in the State Children's Health Insurance Program—the CHIP program—for the full range of pre and postpartum care.

This legislation, which as I indicated, was passed by the Finance Committee, was passed by unanimous consent. It was included in S. 1016, which was the Start Healthy, Stay Healthy Act of 2001, which I introduced earlier with Senators LUGAR, MCCAIN, CORZINE, LINCOLN, CHAFEE, MILLER, and LANDRIEU. It provides continuous health care for children throughout the first and the most fragile year of their life.

According to the Centers for Disease Control, the U.S. is 21st in the world in infant mortality. We are 26th in the world in maternal mortality. For a nation as wealthy as ours, this is an unacceptable circumstance.

The sad thing is that we know exactly how to fix this problem. Numer-

ous studies over the years indicate that prenatal care reduces infant mortality and maternal mortality and reduces the number of low-birthweight babies. According to the American Medical Association:

Babies born to women who do not receive prenatal care are 4 times more likely to die before their first birthday.

Current law creates some unintended consequences that this bill tries to correct. Under the Children's Health Insurance Program, women under the age of 19—that is, until they complete their 18th year—are covered for pregnancy-related services, but once they reach the age of 19, they are no longer covered. This legislation will eliminate that problem by allowing States to cover pregnant women through CHIP, regardless of their age.

This also eliminates the unfortunate separation between pregnant women and infants that has been created as a result of the CHIP program, as it currently is administered.

This is, of course, contrary to long-standing Federal and medical policy through programs such as Medicaid and the WIC Program. There is a report by the Council of Economic Advisors entitled "The First Three Years: Investments That Pay." That report states:

Poor habits or inefficient health care during pregnancy can inhibit a child's growth, development, and well-being. Many of these effects last a lifetime. . . .

The Washington Business Group on Health has found in its report entitled "Business, Babies, and the Bottom Line" that more than \$6 in neonatal intensive care costs could be saved for every single dollar spent on prenatal care and low-birthweight babies.

Furthermore, the Agency for Health Care Research and Quality report has found that 4 of the top 10 most expensive conditions in the hospital are related to the care of infants with complications, such as respiratory distress, prematurity, heart defects, and lack of oxygen. All of these conditions can be improved—not totally eliminated but improved—through quality prenatal care.

Some might argue this legislation is unnecessary because the administration is proceeding with a regulation that goes into effect today, in fact, to allow States to cover some prenatal care through CHIP by allowing the insurance of the unborn child.

I want to take a few minutes to talk about the administration's plan to cover the fetus and not to cover women through pregnancy.

Leaving the woman out of this equation is completely contrary to the clinical guidelines of the American College of Obstetricians and Gynecologists and the American Academy of Pediatrics, which say the woman and the unborn child need to be treated together. You cannot perform fetal surgery without thinking about the consequences for the mother. You cannot prescribe unlimited prescription drugs to a preg-

nant woman without considering the consequences to the development of the fetus.

Moreover, if you only are covering the fetus, as this rule would, this eliminates important aspects of coverage for women during all the stages of birth; that is pregnancy, delivery, and postpartum care.

This is exactly what the administration rule proposes to do. According to today's published rule, pregnant women would not be covered during their pregnancy for cancer, medical emergencies, broken bones, or mental illness. Even lifesaving surgery for a mother would appear to be denied coverage.

Further, during delivery, coverage for epidurals is a State option and is justified only if the health of the child is affected. On the other hand, anesthesia is covered for C-sections. The rule would wrongly push women and providers toward providing C-sections to ensure coverage.

Finally, during the postpartum period, women would be denied all health coverage from the moment the child is born. Important care and treatment that includes, but is not limited to, the treatment for hemorrhage, infection, episiotomy repair, C-section repair, family planning counseling, treatment of complications after delivery, and postpartum depression would not be covered under the rule proposed by the administration.

I repeat, our country ranks 26th in the world in maternal mortality. We need to do better than this. We can do better than this for our Nation's mothers. However, let there be no mistake, this bill is also about children's health. Senator BOND's bill is appropriately named the Mothers and Newborns Health Insurance Act for a reason. We all know the importance of an infant's first year of life. Senator BOND's legislation, as amended by the Finance Committee, provides 12-month continuous coverage for children after they are born. Again, the United States ranks 21st in the world in infant mortality, and this provision will help solve that problem.

In sharp contrast, the rule that has been issued today provides an option for 12 months continuous enrollment to States, but makes the time retroactive to the period in the womb. Therefore, if 9 months of pregnancy are covered, the child would lose coverage in the third month after birth. Potentially lost would be a number of important well-baby visits, immunizations, and access to the pediatric caregiver.

This legislation, which was introduced by Senator BOND, has a large number of bipartisan cosponsors, including Senators Daschle and Lott. It should be passed into law as soon as possible. It did pass the Finance Committee unanimously.

Finally, Secretary Thompson is in very strong support of the passage of S. 724, and he has said so publicly. Also in a letter to me that is dated April 12 of this year, he wrote: